

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number:	2. The name of the Limited Liability Company is:			
001744578	The Conte Law Firm, LLC			
3. The fictitious business	name to be used is:			
ACE Injury Lawye	rs			
4. The state or country the entity is formed is:		5. The date of format	5. The date of formation is:	
Rhode Island		08-09-2022	08-09-2022	
6. Applicant is otherwise	authorized to do business in	the state of Rhode Island.		
7. Under penalty of perjui information contained her		have examined this Fictitious	Business Name Statement and that the	
Name of Applicant Limited Liability Company			Date	
The Conte Law Firm, LLC			05/30/2025	
Signature of Authorized E	Person			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040
• Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624B - Revised: 01/2024